

Affidavit of Payment Form

In order to monitor M/WBE compliance a Prime Contractor/Consultant may submit a notarized Affidavit of Payment form. In lieu of cancelled checks, a notarized Affidavit of Payment form may be submitted as proof of payment to M/WBEs. The Office of Diversity and Industry Relations (ODIR) will periodically request submission of cancelled checks or Affidavit of Payment Form(s) to monitor compliance with the M/WBE Participation Goal/s.

Instructions: For all contracts for which a Utilization Plan has been submitted pursuant to Local and State Laws, prime contractors must submit this form confirming payments to M/WBE subcontractors as proof of compensation in lieu of cancelled checks. The form details the amount paid to date to the M/WBE firm, type of work performed, addresses and contact information of the M/WBE vendor hired as a subcontractor. This form must be certified under penalty of perjury.

Project Number	Prime Contractor																											
Registration Number	Contractor Address																											
Contract Description	Contractor Phone Number																											
Task Order Number	Contractor Federal ID Number																											
Subcontractor Business Name	Subcontractor Address																											
Subcontractor Telephone Number	Subcontractor Federal ID Number																											
Type of work performed																												
Total Subcontract Amount	Amount Paid to Date																											
Additional Note																												
I certify that the total payments above reflect the value of the work and that the work was performed solely by the subcontractor named above and that payments have been made by the contractor and received by the subcontractor as specified above; that there were no rebates, refunds or offsets applied to any payments unless the same if noted above; and that is known to me to be true of my own knowledge. I understand that providing false information shall be grounds for the application of any applicable criminal and/or civil penalties of perjury.																												
<table style="width:100%; border:none;"> <tr> <td style="width:15%;">Contractor</td> <td style="width:55%; border-bottom: 1px solid black;"> </td> <td style="width:30%; border-bottom: 1px solid black;"> </td> </tr> <tr> <td></td> <td>Print Name</td> <td>Title</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td></td> <td>Signature</td> <td>Date (MM/DD/YY)</td> </tr> <tr> <td colspan="3"> </td> </tr> <tr> <td>Subcontractor</td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td></td> <td>Print Name</td> <td>Title</td> </tr> <tr> <td></td> <td style="border-bottom: 1px solid black;"> </td> <td style="border-bottom: 1px solid black;"> </td> </tr> <tr> <td></td> <td>Signature</td> <td>Date (MM/DD/YY)</td> </tr> </table>		Contractor				Print Name	Title					Signature	Date (MM/DD/YY)				Subcontractor				Print Name	Title					Signature	Date (MM/DD/YY)
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Acknowledgment by Prime Contractor

State, City and County of New York, ss:
<p>On this _____ day of _____, 20____, before me personally appeared _____ who</p> <p>being by me duly sworn did depose and say that he/she resides in the City of _____; that he/she is the</p> <p>_____ of the _____ that Corporation described in and which executed the foregoing certificate of Subcontractor payments; that he/she knows the seal of said Corporation; that the seal affixed to the said Prime Contractor/Consultant Voucher Form; that it was so affixed by order of the Board of Directors of said Corporation; and that he/she signed his/her name thereto by like order for the purposed therein mentioned.</p>
Notary Public or Commissioner of Deeds